

CERTIFICATE OF SERVICE

I, _____ do hereby certify that I

➤ Mailed _____

➤ Hand delivered _____

➤ Placed in the ICE drop box inside the
main entrance to the Northwest Detention Center _____
(check one)

a true and correct copy of the attached to:

Chief Counsel
Immigration and Customs Enforcement
1623 East J Street, Suite 2
Tacoma, WA 98421

on (Date) _____ / _____ / _____

SIGNATURE

(Please print or type name)